PAGE 1 / 11

Image# 201701319042389868

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Othe	r Than An Au	thorized	Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in fu	TYPE OR	PRINT ▼		nple: If typ the lines.	ing, type	12FE	4M5		
Cooperative of A	merican Phys	sicians IE Co	mmittee)					
ADDRESS (number and ▼	street)	ope St 8th Floor	1 1 1						
Check if different than previously reported. (ACC	/ Los And	geles				CA	90071		
2. FEC IDENTIFICAT	ΓΙΟΝ NUMBER ▼	, Cl	TY 🛦			STATE A		ZIP COI	DE 🛦
C C00492116			IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repo	Re Du	port Ma	b 20 (M2) ar 20 (M3) r 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	<u> </u>	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	×	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly I October 19	Report (Q3)	12-Day PRE-Election Report for the:	Ö (Primary (12		=	eral (12G) ial (12S)	in the	Runoff (12R)
Year-End July 31 Mi	d-Year (d) (d) (MY)	30-Day POST-Election Report for the:	ion on	General (30	OG)	Runc	off (30R)	in the State of	Special (30S)
5. Covering Period	M M / D 11 2		Y	through	12	31	/ Y Y 201	16	
I certify that I have exa	Olson, I	and to the best o	of my know	rledge and	belief it is tr	ue, correct	and complet	te.	
Signature of Treasurer	Olson, Rebecca, ,	,	L	Electronical	lly Filed]	Date 0	1 29		2017
NOTE: Submission of fal-	se, erroneous, or inc	complete informati	on may sub	ject the pe	rson signing t	his Report	to the penaltic	es of 52	U.S.C. § 30109
Office Use								FOR Rev. 05/20	

OF	F RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name		
Cooperative of American Physicians	IE Committee	
Report Covering the Period: From:	/ 29 / 2016 To	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		910802.75
(b) Cash on Hand at Beginning of Reporting Period	144683.72	
(c) Total Receipts (from Line 19)	561.79	599179.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	145245.51	1509981.99
7. Total Disbursements (from Line 31)	34742.20	1399478.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110503.31	110503.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Cooperative of American Physicians IE Committee

2016 31 2016 Report Covering the Period: 12 From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 550.00 598526.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 598526.00 550.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 598526.00 550.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 653.24 (Dividends, Interest, etc.)..... 11.79 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 599179.24 561.79 20. Total Federal Receipts 561.79 599179.24 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	04740.00	77,1012,47
Expenditures	34742.20	734013.19
(add 21(a)(i), (a)(ii), and (b))▶	34742.20	734013.19
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		45 45 45
(use Schedule E)	0.00	665465.49
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	(0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34742.20	1399478.68
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	34742.20	1399478.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 550.00 598526.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 598526.00 550.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 34742.20 734013.19 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 34742.20 734013.19 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Name of Employer (for Individual)

General

Receipt For:

Primary

Other (specify)

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE			:	PAGE	=	6	OF	11
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cooperative of American Physicians Date of Receipt Mailing Address 333 S Hope St 8th Floor 2016 13 City State Zip Code Transaction ID: 11AI-209 CA Los Angeles 90071 Amount of Each Receipt this Period FEC ID number of contributing 550.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) In-Kind: Administrative Services Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 598526.00 Other (specify) ▼ Calendar Year Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee.

SUBTOTAL of Receipts This Page (optional)		Ξ	,	I	,	550.00	
TOTAL This Period (last page this line number	only)					550.00	

Occupation (for Individual)

Aggregate Year-to-Date ▼

Memo Item

S 17

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 11 (check only one)
ΙT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cooperative of American Physic			
A .	Full Name of Individual (Last, First, Middle Initi Wells Fargo Bank	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 333 S Grand Ave			12 31 2016
	City Los Angeles	State CA	Zip Code 90071	Transaction ID : 17-207-O Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		11.79
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item Interest Earned
	Receipt For: 2016 Primary General X Other (specify) ▼ Calendar year	Aggregate	Year-to-Date ▼ 653.24	
— В.	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name	Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name	Date of Receipt
С.	Mailing Address			Mam / Dad / Yayayay
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
S	UBTOTAL of Receipts This Page (optional)			11.79

TOTAL This Period (last page this line number only).....

11.79

ľ

CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only x 21b 28a				
y information copied from such Reports and Stater for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	no and address of any pointed		color communications from cach communication			
Cooperative of American Physician	ns IE Committee					
Full Name (Last, First, Middle Initial)			Data of Dishurasment			
Capitol Advocacy, LLC			Date of Disbursement			
Mailing Address 1301 I Street			12 16 2016			
City Sacramento	State Zip Code CA 95814		FEC Identification Number			
Purpose of Disbursement	00014		C			
Consultant: Federal Public Policy		001	Transaction ID : 21B-449			
Candidate Name		Category/	Amount of Each Disbursement this Period			
		Type				
Office Sought: House Disburser			5000.00			
Senate President	Other (specify) —					
State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
Cooperative of American Physician		Date of Disbursement				
Mailing Address 333 S Hope St 8th Floor			12 13 2016			
City Los Angeles	State Zip Code CA 90071		FEC Identification Number			
Purpose of Disbursement	30071		C			
In-Kind: Administrative Services			Transaction ID : 21B-209-N			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For:	Туре	550.00			
Senate Stagnic	Primary General		7 7 7			
	Other (specify)		Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) Lawyers Travel Services			Date of Disbursement			
Mailing Address 71 Fifth Avenue		12 07 2016				
City	State Zip Code		FEC Identification Number			
New York	NY 10003		i LO identification Number			
Purpose of Disbursement Airfare for Staff to Attend Annual Committee Meetin	ng in Los Angeles	002	C Transaction ID : 21B-452-S			
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For:	Туре	1304.20			
Senate	Primary General					
President	Other (specify) ▼		SUBVENDOR to Holland & H			
State: District:			Mellio Ifelli			
· · · · · · · · · · · · · · · · · · ·			5550.00			

ľ

TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF (check only one)						
	for each category of the Detailed Summary Page	21b 28a	22 23 26 28c 29	27 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)	una IE Committaa							
Cooperative of American Physicia	ins ie Committee							
Full Name (Last, First, Middle Initial) A. Omni Hotel-Los Angeles			Date of Disbursement	Y				
Mailing Address 251 S Olive St			12 07 2	2016				
City Los Angeles	State Zip Code CA 90012		FEC Identification Number	-				
Purpose of Disbursement Lodging for Staff in Los Angeles for Annual Comm	nittee Meeting	002	C					
Candidate Name		Category/ Type	Transaction ID: 21B-453 Amount of Each Disbursemen	-				
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	1,700		692.98 R to Holland & Knig				
State: District:	Other (Specify)		Memo Item LLP					
Full Name (Last, First, Middle Initial) 3. Holland & Knight LLP Mailing Address Post Office Box 864084			Y Y Y Y 2016					
City Orlando	State Zip Code FL 32886		FEC Identification Number					
Purpose of Disbursement Federal Public Policy	0200	001	C Transaction ID : 21B-445					
Candidate Name		Category/ Type	Amount of Each Disbursemen					
Office Sought: House Disburse Senate	ement For: Primary General		4	0000.00				
State: President District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial) Holland & Knight LLP	•							
Mailing Address Post Office Box 864084	Mailing Address Post Office Box 864084							
City Orlando	State Zip Code FL 32886		FEC Identification Number	-				
Purpose of Disbursement Airfare for Staff to Attend Annual Committe Meetir Candidate Name	ng in Los Angeles	002	Transaction ID : 21B-446					
		Category/ Type	Amount of Each Disbursemer	it this Period				
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		Mana lan	1304.20				
State: District:			Memo Item					
SUBTOTAL of Disbursements This Page (optional)				11304.20				
TOTAL This Period (last page this line number only	y)							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	FOR LINE I	one)					
	Detailed S	Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) Cooperative of American Physician	ns IE Cor	mmittee							
Full Name (Last, First, Middle Initial) A. Holland & Knight LLP				Date of Disbursement					
Mailing Address Post Office Box 864084				12 07 2016					
Orlando	State FL	Zip Code 32886		FEC Identification Number					
Purpose of Disbursement Ground Transporation for Staff to Attend Annual Cor Candidate Name	mmittee Mee	eting	002 Category/	Transaction ID : 21B-447 Amount of Each Disbursement this Period					
	nent For: Primary Other (spec	General ify) ▼	Type	195.02 Memo Item					
Full Name (Last, First, Middle Initial) B. Holland & Knight LLP Mailing Address Post Office Box 864084				Date of Disbursement M					
•	State Zip Code FL 32886 Committe Meeting 002 Category			FEC Identification Number C Transaction ID: 21B-448 Amount of Each Disbursement this Perior					
	nent For: Primary Other (spec	General	Type	692.98 Memo Item					
Full Name (Last, First, Middle Initial) C. Holland & Knight LLP Mailing Address Post Office Box 864084				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Orlando	State FL	Zip Code 32886		FEC Identification Number					
Purpose of Disbursement Federal Public Policy Candidate Name	001 Category/ Type			Transaction ID: 21B-443 Amount of Each Disbursement this Period					
Office Sought: House Disbursem	nent For: Primary	General		5000.00					

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 1								
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check of			eck only one) X 21b 22 23 26						
		Summary Page		21b 22 28a 28		23 28c	26	27 30b			
Any information against from such Departs and Otata		mat ha salal au wa									
Any information copied from such Reports and States or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full)											
Cooperative of American Physician	ns IE Co	ommittee									
Full Name (Last, First, Middle Initial)											
A. P.M. Restaurants/Consulting, Inc.				M	M	isburse	D / Y	2046	1		
Mailing Address PO Box 518					2	08	9	2016			
,	State	Zip Code		FEC	Iden	ification	Number				
Brea	CA	92822						-			
Purpose of Disbursement Political Strategy Consulting			001								
Candidate Name							ID : 21B-4				
Candidate Name			Category. Type	Amo	unt o	f Each	Disburser	nent this Per	iod		
Office Sought: House Disburser	ment For:		1,700	ΗГ.				12000.00			
Senate	Primary	General				7	7	- 45	_		
President State: District:	Other (spe	ecify) 🔻			Memo	Item					
Full Name (Last, First, Middle Initial)				+-							
B.	Date	of D	isburse	ment							
						M M / D D / Y Y Y Y					
Mailing Address											
City	State Zip Code										
,		Zip Godo				FEC Identification Number					
Purpose of Disbursement] C						
Candidate Name											
Candidate Name	Category/			Amo	Amount of Each Disbursement this Period						
Office Sought: House Disburser	ment For	nent For: Primary General Other (specify)			Memo Item						
Senate	Primary										
President	Other (spe										
State: District:					I Wellie Rell						
Full Name (Last, First, Middle Initial)											
C.						isburse					
Mailing Address				M	M	/ D	D / Y	YYYY			
City	State	Zip Code		FEC	Iden	ification	n Number				
Purpose of Disbursement					-	1 1	1 1				
ruipose oi Dispuisement			· · ·								
Candidate Name			Category	Amo	unt o	f Each	Disburser	nent this Per	riod		
000			Type		_		•				
	ment For:	General				-		- 46			
Senate President	Primary Other (see										
State: District:	Other (spe	,∪iiy) ▼			Memo	Item					
					_				=		
SUBTOTAL of Disbursements This Page (optional)						7	- 7	12000.00			
TOTAL This Period (last page this line number only	١							34742.20	\Box		